

## STANDARD CERTIFICATE OF DEATH

13314

State File No. ....

FILED MAY 4 1953		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 479	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph				c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph			
c. LENGTH OF STAY (in this place) 70 yrs				d. STREET ADDRESS (If rural, give location) 813 Parker			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) FREDERICK		b. (Middle) E		c. (Last) GILMER		4. DATE OF DEATH (Month) (Day) (Year) April 23 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 31 1873	
9. AGE (In years) 79		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linotype Oper. & Machinist Newspaper Co.				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Concordia Kansas	
12. CITIZEN OF WHAT COUNTRY? U S A							
13a. FATHER'S NAME Oswald M. Gilmer				13b. MOTHER'S MAIDEN NAME Emma Hill		14. NAME OF HUSBAND OR WIFE Mrs. Lola E. Gilmer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. 491-09-2344		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lola E. Gilmer	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Prostate Gland ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 177X			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 24, 1944, to April 23, 1953, that I last saw the deceased alive on April 22, 1953, and that death occurred at 12:20A m., from the causes and on the date stated above.							
23a. SIGNATURE Gustav F. Han				23b. ADDRESS M.D. Kirkpatrick Bldg. St. Joseph Mo.		23c. DATE SIGNED 4-23-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 25, 1953		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Missouri	
DATE REC'D BY LOCAL REG. April 27, 1953		REGISTRAR'S SIGNATURE Esther M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Stoney Funeral Home		ADDRESS St. Joseph Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Charles E. Bennett*

Signed.....

Student Embalmer

Licensed Embalmer No. *2677*

P. O. Address.....

*St. Joseph Mo*

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.